STATE OF IN	DIANA)	IN THE _		COURT
COUNTY OF) SS:)	Case Numb	oer: oplied by Clerk wh	en case is filed.)
(Caption)					
	APPE	ARANC:	E BY ATTO	RNEY IN CIVIL	, CASE
This Appearar	ice Form mu	ıst be file	ed on behalf	of every party in	a civil case.
1. The par	ty on whose I		is form is bein		
Initiatin	g	Respo	onding	Intervening	; and
	ersigned attor owing parties	•	all attorneys l	listed on this form	now appear in this case for
Name o	f party				
	workplace v	iolence r	estraining or	der, or a no-conta	es a protection from abuse ct order)
Telepho	ne # of party	,			
(List on a conti	nuation page	addition	al parties thi	s attorney represei	nts in this case.)
2. Attorn	ey information	on for ser	vice as requi	red by Trial Rule 5	5(B)(2)
Name: Addre				_ Atty Number:	
Phone	·				
FAX:	A 11				
Email	Address:				
(List o	n continuatio	on page a	dditional atte	orneys appearing f	or above party)
3. This is	This is a case type as defined in administrative Rule 8(B)(3).				
4. I will a	accept service	e by FAX	X at the above	e noted number: Y	es No

This case involves child support issues. Yes No (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper . Use Form TCM-TR3.1-4.)						
or a no – contact order. Yes No (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:						
Attorney's address The Attorney General Confidentiality program address (contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.state.in.us). Another address (provide)						
This case involves a petition for involuntary commitment. Yes No						
If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:						
a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above:						
b. State of Residence of person subject to petition:						
 c. At least one of the following pieces of identifying information: (i) Date of Birth (ii) Driver's License Number 						
State where issued Expiration date						
(iii) State ID number						
State where issued Expiration date						
(iv) FBI number						
(v) Indiana Department of Corrections Number(vi) Social Security Number is available and is being provided in an attached						
confidential document Yes No						
There are related cases: Yes No (If yes, list on continuation page.)						

12. This form has been served on all other	er parties and Certificate of Service is attached:
Yes No	
	Attorney-at-Law
	(Attorney information shown above.)